Women's Wellness Connection

CLIENT PROFILE TOOL

Colorado Department of Public Health and Environment

Women's Wellness Connection
Prevention Services Division

AGENCY #	CHART #	eCaST ID
ENROLLMENT/RE-ENROLMENT DATE	☐ I HAVE VERIFIED THIS PATIENT'S LAWFUL PRESENCE DOCUMENT IS CURRENT.	

TOBACCO SCREENING

- ☐ Screened Positive., agency faxed referral
- ☐ Screened Positive., client declined referral
- ☐ Screened Negative
- ☐ Client was not screened

PATIENT INSTRUCTIONS: Please fill in each part below. *Information is required for enrollment into the Women's Wellness Connection program.

IDENTIFICATION

LAST NAME*	FIRST NAME*	MIDDLE NAME*	MAIDEN NAME*

LAST 4 NUMBERS OF YOUR SOCIAL SECURITY NUMBER*	DATE OF BIRTH*	AGE*

WHAT ETHNICTY ARE YOU? CHOOSE ONE BELOW.*

☐ I am Latina and/or Hispanic. ☐ I am not Latina or Hispanic ☐ I am not sure if I am Latina or Hispanic.

WHAT RACE(S) ARE YOU? CHECK ALL THAT ARE TRUE.*

- ☐ Black/African American
- ☐ White
- ☐ American Indian (Tribe:_____)
- ☐ Asian
- ☐ Alaska Native
- ☐ Aleutian Islander
- ☐ Native Hawaiian
- ☐ Pacific Islander
- ☐ I am not sure
- ☐ Other: _____

ENROLLMENT

DO YOU HAVE PRIVATE INSURANCE OR MEDICAID?*	DO YOU HAVE MEDICARE?*	
☐ Yes, I have Medicaid. ☐ Yes, I have private insurance. Check below if any are true. ☐ But I have a high deductible. ☐ But does not cover cancer ☐ No, I do not have private insurance or Medicaid	☐ Yes, I have part A only. ☐ Yes, I have parts A and B. ☐ No, I do not have Medicare.	

To the best of my knowledge, the GROSS MONTHLY (before taxes) income for my household is:*	Number of people living on this income including myself (this may include people not living in you house):*

CONTACT

HOW DID YOU HEAR ABOUT THE WOMEN'S WELLNESS CONNCECTION FREE BREAST AND CERVICAL SCREENING EXAMS?

- ☐ Brochure / Poster
- ☐ Clinic Staff / Physician
- ☐ Friend / Family Member
- ☐ Health Fair
- ☐ Hotline (866-951-9355)
- ☐ Newspaper Ad
- ☐ Patient Navigator
- ☐ Radio Ad
- ☐ TV Ad
- ☐ Website
- ☐ American Cancer Society Representative
- ☐ Other

PLEASE PROVIDE THE FOLLOWING NUMBERS WHERE WE CAN REACH YOU:	Mailing Address:		
PLEASE PROVIDE THE FOLLOWING NUMBERS WHERE WE CAN REACH YOU:	Home Phone number	State*	Zip*
Work Phone number	County*		
Cell Phone number	Email Address		
Emergency Contact List a phone number and name for someone who could call you if your phone number changes in the future or in an emergency:			